



February 28, 2022

On Friday, February 25, 2022, the Delaware Division of Public Health and the Delaware Department of Education shared guidance with district and school leaders for managing COVID-19 in K-12 schools after the mask requirement ends. The Centers for Disease Control and Prevention (CDC) released new guidance for masking in schools later that day. As a result, the below information has been updated to reflect the new CDC guidance and changes from the State of Delaware.

Key changes:

- The Division of Public Health's emergency regulation requiring educators and visitors to be vaccinated or tested will expire and no longer be in effect starting Tuesday, March 1, 2022.
- The State of Emergency, including the masking requirement in K-12 public and private schools, will be terminated effective at 6:00 p.m. on Tuesday, March 1, 2022.
- Masking in schools or on buses for students, staff, and visitors will no longer be required by the State of Delaware after 6:00 p.m. on Tuesday, March 1, 2022.
- Updated federal government <u>guidance</u> no longer requires masks on school buses.

Dear School Leaders,

We're writing to provide updated information that may be useful to you as you consider what steps to take to keep your school community healthy after the expiration of the school mask mandate. This information was revised as of February 28, 2022, to include updated information from the State of Delaware and the Centers for Disease Control and Prevention (CDC). While the situation continues to improve, continued awareness of the trends in your school and surrounding community should play an important role in your decision-making. Special attention should be paid to vaccination rates and new cases in the school and surrounding community. Higher vaccination rates provide the best protection and are the best tool in preventing new cases.

We understand that each school or district must make the decision that works best for their community, and that what's feasible in one setting may not be the best strategy in another. Multi-layered approaches emphasizing vaccination and a variety of mitigation strategies like mask-wearing, testing, distancing, ventilation, quarantine and isolation, taken together or separately, offer strong layers of protection against the spread of COVID-19 within your schools.

As case rates continue to fall and vaccination rates increase, schools can consider transitioning toward a more routine infection control model. However, as layers of mitigation strategies are removed, we encourage schools to monitor infection rates in their schools and communities and, when necessary, consider temporary measures to reduce the spread of COVID if infection rates spike.

The new two-part infection response model is outlined below. Please note that these are meant as guidelines only and are offered to assist Districts and schools in making their plans and procedures going forward. The guidelines are broken into two categories: Routine Procedures and Outbreak

Procedures. The Routine Procedures are meant to guide schools through day-to-day operations while taking basic protective steps and remaining attuned to changes in the school environment. Outbreak Procedures are for the times when transmission in the school or surrounding community are high enough to warrant additional steps to reduce risk.

Finally, the Division of Public Health and the Department of Education remain committed to supporting schools and each district will continue to have access to a public health liaison as we work together to manage through this next phase of the pandemic. The past two years have been extremely difficult for all of us. We are grateful for your hard work to keep students and staff safe, and in school.

Sincerely,

Dr. Karyl Rattay

Director, Delaware Division of Public Health

Dr. Mark Holodick

Mark Q. Wolodick

Secretary, Delaware Department of Education

COVID-19 Guidance for Schools





This guidance replaces previous Division of Public Health (DPH) guidance around quarantine and isolation in schools, and Test to Stay procedures.

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1. Recommended Routine COVID-19 Procedures

In addition to layered mitigation strategies such as distancing, ventilation, and vaccination, routine procedures are the minimum protections the Division of Public Health recommends schools adopt to keep students and educators safe and in school.

- School nurses may discontinue in-school contact tracing.
- Parents should report household contacts to the school nurse (i.e. when the parent or sibling of a student tests positive).
- Nurses are still required to report cases to DPH pursuant to 16 <u>Del. Admin. C.</u> § 4202, 4.0.
- Schools may discontinue quarantine for close contacts except household contacts.
- When someone tests positive they should:
 - Isolate at home for 5 days* and, if symptoms have resolved, return after day 5 and wear a mask in school for the next 5 days. Or,
 - Isolate at home for 10* days
 *Count the days from first day after symptoms or the first day after a positive test, whichever is earlier. Return date must be at least 5 days after start of any symptoms, with at least 24 hours fever-free without fever reducing medication.
- Any individual with COVID symptoms should stay out of school until they have tested and have received the results.
- When someone is a household close contact who is up to date with their COVID vaccine, those individuals should wear masks for 10 days following the last date of exposure in the household and get tested on day 5 following the last date of exposure.

- If unable to wear a mask, individual may return to school if participating in Test to Stay on days 1-10.
- When someone is a household close contact who is not up to date with their COVID vaccine, schools can consider the following options:
 - Return on day 6** after a negative test on day 5 if able to wear a mask in school for an additional 5 days or
 - Return on day 6** after a negative test on day 5 and participate in Test to Stay on day 6,7,8,9,10 if unable to wear a mask or
 - Participate in Test to Stay to remain in school as long as masks are worn in school for the full 10 days or
 - o Stay at for home 10 days following the last date of exposure in the household
 - **Count the days from first day following the last date of exposure to a positive person.

Risk of outbreaks in the school is increased with low vaccination rates and high community transmission. Vulnerability of the population should also be taken into account. Schools interested in including additional infection prevention measures may work with their DPH school liaison for additional advice.

2. Outbreak Procedures:

A school nurse may contact the Division of Public Health if there are concerns about in-school spread or localized outbreaks. Concerns might include 2 or more cases in a classroom, sports team or extracurricular group or an increase in cases or absenteeism in the school. Depending on the findings, DPH may recommend that schools consider implementing temporary masking and testing for classrooms, schools, extracurricular groups or teams in this case. DPH and DOE are available to work directly with schools and districts facing outbreaks to develop plans and strategies to lower transmission. The Outbreak Response flow chart can be used as a guide for these temporary measures.

Educator & Visitor Vaccine/Testing Requirements:

The Division of Public Health's emergency regulation requiring educators and visitors to be vaccinated or tested will expire and no longer be in effect starting Tuesday, March 1, 2022. Schools are encouraged to consider testing and vaccination requirements appropriate for their facilities and community.

Face-Coverings:

For schools and districts that choose not to implement their own mask requirements, families and individuals who choose to continue wearing masks should be permitted and encouraged to do so.

Testing:

Quidel will continue operating its testing sites through the rest of the school year. This includes the weekly in-school surveillance and the Test to Stay testing sites. Additionally, the Test to Stay sites will no longer be limited to unvaccinated students and staff seeking to remain in school. All students and staff enrolled through Quidel will be permitted (and encouraged) to use these sites for routine asymptomatic testing. For instance, if an enrolled student is going to visit a high-risk family member, regardless of vaccination status, that student could avail themselves of the testing at the Test to Stay sites in order to ensure easy access and timely results. Weekly inschool surveillance testing will continue to be made available through Quidel, and schools and families are encouraged to continue participating in that program. Schools may choose to work with individuals who are not able to use the existing testing sites to find alternative testing options (e.g. alternative in-school testing or take-home tests). We encourage schools to defer to school nurses regarding which type of test is most appropriate depending on the circumstances (i.e. when an at-home test suffices versus when a monitored test should be used).

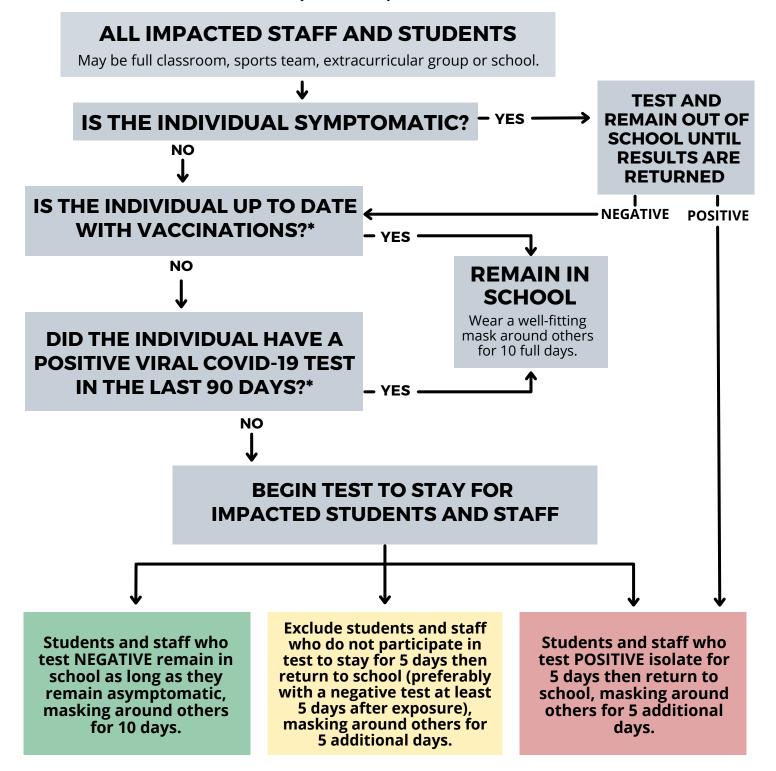
Ventilation:

In an environment without masks, maintaining good air circulation becomes an even more important tool for reducing transmission of COVID-19. Schools should continue taking steps to improve ventilation by opening windows when possible, upgrading HVAC systems, purchasing air filters readily available online, and spending time outdoors. Specific guidance for improving ventilation in schools can be found here and here.

OUTBREAK RESPONSE:Temporary Testing and Masking



If after consultation with the Delaware Division of Public Health (DPH) there are concerns about an outbreak in the school or school-related setting, the population should be identified and the school may consider the flowchart below.



*Based on capacity and local circumstances, school administrators may choose to implement temporary universal testing and masking for all staff and students in impacted classrooms, teams, or grades regardless of vaccination status or recent infection to limit the burden on staff to determine exposed close contacts, vaccination status and recent infections.